

Hot Topics in Medicaid Eligibility



Godlee Davis
*Regional President,
Eligibility Services
Elevate Patient
Financial Solutions*

**2023 Louisiana HFMA Annual Institute
April 29 - May 2, 2023 | Lafayette, LA**





Hot Topics in Medicaid Eligibility

Agenda:

- Medicaid initiatives
 - Health plan changes
 - Postpartum coverage expansion
 - Impact of Medicaid Expansion
- Medicaid Unwinding
 - Tips & Strategies

LA Medicaid Health Plan Changes



- LA Medicaid implemented a new health plan as of Jan 1, 2023, including the current five health plans – Aetna Better Health, AmeriHealth Caritas, Healthy Blue Louisiana, Louisiana Healthcare Connections, and UnitedHealthcare, plus a sixth health plan, Humana Healthy Horizons.
- Most members were auto-assigned a health plan and should have received a letter telling them their new assigned health plan.
- Members were allowed to make changes to their health plan until March 31, 2023.

MEDICAID INITIATIVES

In April 2022, Louisiana extended postpartum Medicaid from 60 days to 12 months.

LA was the first state to extend postpartum coverage using American Rescue Plan funding.

LA has one of the lowest income limits for pregnant women to qualify for Medicaid. (138% of poverty level)



Louisiana Medicaid now covers new moms for **one year** after birth.

Click and Scroll down [here](#) to read more on this topic.

Impact of Medicaid Expansion

Healthy Louisiana, the Medicaid expansion program, covers 773k low-income adults as of 2023 - much more than the 400k expected.

Louisiana *has* accepted federal Medicaid expansion

- **1,892,195** — Number of Louisianans covered by Medicaid/CHIP as of December 2022
 - **773,103** — Number of Louisianans covered under Medicaid expansion (Healthy Louisiana) as of March 2023
 - **872,408** — Increase in the number of Louisianans covered by Medicaid/CHIP fall 2013 to December 2022
 - **50%** — Reduction in the uninsured rate from 2010 to 2019
 - **86%** — Increase in total Medicaid/CHIP enrollment in Louisiana since late 2013
-

Medicaid Unwinding Update

On December 22, 2022, President Biden signed a \$1.7 trillion dollar spending bill passed by the House and Senate addressing the government budget for 2023. This Consolidated Appropriations Act of 2023 (the “Act”) includes provisions that will affect Medicaid enrollment and the Children’s Health Insurance Program (“CHIP”).

The Act most significantly phases out the requirement that prevents states from disenrolling Medicaid recipients during the public health emergency (PHE) in order for the state to maintain the enhanced federal match. The enhanced federal funding will phase out through December 31, 2023, provided states meet certain conditions through that period.

Medicaid Unwinding Update

- **The Act allows states to begin processing Medicaid redeterminations beginning April 1, 2023, through a redetermination process to take place over 12 months.**
- **Medicaid continuous coverage was initially enacted in March 2020, as part of the Covid-19 relief package and allowed individuals to maintain their insurance coverage without reapplying annually, as is normally required.**
- **This led to approximately 20 million additional Medicaid enrollees.**
- **It is now predicted that many of these additional enrollees will no longer meet the eligibility requirements for income.**
- **The US Department of Health and Human Services has estimated that approximately 15 million people will no longer qualify for coverage when Medicaid redeterminations are initiated.**

Medicaid Unwinding Update

All Medicaid members are subject to annual redetermination

- Prior to the continuous enrollment provision that was enacted as part of the PHE, all states we required to perform at least annual redeterminations for ALL Medicaid members
- As of April 1, 2003 this federal requirement was reinstated

Churn rates for Medicaid members have been found to double immediately following annual redetermination

- The continuous enrollment provision effectively stopped churn for the last 3 years so we are expecting an increase in churn to account for the last 3 years
- Total Medicaid enrollment grew by almost 30% during the PHE so there are currently more Medicaid enrollees than ever before
- Typical churn is approximately 5% and typically increases to 10% following redetermination
- It is estimated that 10%-15% of Medicaid members will likely lose coverage as a result of the unwinding of the continuous enrollment provision
 - i. Experts estimate that approximately 50% of those that lose coverage are individuals who are actually eligible

Medicaid Unwinding Update

The redetermination process is not the same for all Medicaid members

- While all Medicaid member will be subject to annual redetermination some members will receive a full application to complete requesting verifications and other may not be contacted at all
- 42 states conduct streamlined redetermination for at least the MAGI populations on Medicaid (children, families, pregnant women, childless adults if expanded) by verifying ongoing eligibility through available data sources, such as state wage databases, federal IRS data, social security databases, etc. before sending a renewal form or requesting documentation from an enrollee

In any case, if additional information is requested from the enrollee, they will have limited time to comply before benefits are termed for failure

All redetermination will not happen at once in April 2023

- Although annual redeterminations will restart in April, not everyone will be required to complete their annual renewal the same month. Typically, annual redeterminations will be required around the anniversary of when coverage began
- State agencies will send all enrollees notice of when their annual redetermination will occur even if no additional information is needed

Medicaid Unwinding Update - Louisiana

Louisiana Medicaid provides coverage to more than 2 million individuals.

For about 1 million Medicaid members in Louisiana, eligibility redeterminations will require action from the member.

Beginning in late April, LA Medicaid began sending letters and renewal packets to those members where more info is needed.

The first batch of renewal letters are being mailed out at the end of April and beginning of May.

Mailing of renewal letters will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.

Members who are no longer eligible will close at the end of June 2023.

MEDICAID REDETERMINATIONS

Example of
posters and
other resources
provided by
Louisiana
Department of
Health at
www.ldh.la.gov

MEDICAID MEMBERS

Don't risk losing your health coverage.

Keep your contact information up to date, including your address, phone number, cell phone number and email. Choose the way that is easiest for you:

-  Online at mymedicaid.la.gov
-  By email at mymedicaid@la.gov
-  By calling Louisiana Medicaid toll-free at 1-888-342-6207, or by calling your health plan
(your plan's number is on your insurance card)

Don't miss important updates about your health insurance. If you do get a letter in the mail, follow the instructions and respond to Medicaid.



Existing Enrollees: Updating Contact Information

There are several ways members can update their contact info:

- log on to MyMedicaid.la.gov
- email MyMedicaid@la.gov
- call their health plan on the number on their ID card or
- call Medicaid's Customer Service Center at 1-888-342-6207. Assistance is available Monday through Friday, 8 a.m. – 4:30 p.m.
- in-person help is available at all regional Medicaid offices. For the nearest office, visit www.ldh.la.gov/medicaidoffices

Healthy.la.gov

Did you receive a pink letter?



If not, you need to **update your contact info** with Louisiana Medicaid! Go to www.healthy.la.gov



LOUISIANA MEDICAID COMMUNICATION PLAN

- LDH is implementing a comprehensive outreach and communications campaign including a range of methods for alerting Medicaid members and sharing information with those stakeholders and trusted community partners that serve and support Medicaid members.
- In addition to mailed letters, members who have shared a mobile telephone number will receive text message reminders.
- LDH will also utilize traditional paid media and grassroots outreach efforts to reach Medicaid members.
 - Radio
 - TV
 - Digital advertising
 - On-site, in-person outreach
- As always, Medicaid will work collaboratively with the managed care organizations (MCOs) that provide coverage for the majority of the Medicaid population to amplify outreach and education efforts for members and those stakeholders (providers, community organizations, etc.) that serve them.

What is ElevatePFS currently advising patients?

During Elevate's screening/application process, the following is reviewed with all patients:

- Submitting complete and accurate applications to the State with updated contact information
- Walking patients through how to access their State Portal log in and who their contact person/team is at the county
- Following up to confirm patient has received their MCD cards in the mail 10-14 days from approval date
- Remind patients to look out for redetermination paperwork on their yearly anniversary
- Remind patients to report any income changes to the state as soon as they know their income has/will change as well as any household changes
- If they have not received follow up communication or a MCD card, to reach back out to ElevatePFS for further guidance

Proactive Strategies for Continuous Coverage

- Registration and Financial Counseling teams gathering and updating all contact information for patients. This ensures that any ongoing communications are sent to the correct contacts.
- Listing reminders on Health System website that redeterminations are coming up for Medicaid recipients
- Letter/MyChart/Email/Text campaigns reminding Medicaid patients to update their contact information in state portal or with their county office
- Marketplace enrollment partners – firming up referral process for commercial plan enrollment as many patients will truly no longer qualify for Medicaid due to increased income or change in household. Special enrollment period will permit them to purchase a health plan for future coverage if no longer Medicaid eligible.
- Signage reminders posted at hospitals, clinics and affiliated care locations
- Updating hold messages to include redetermination reminders

Medicaid Unwinding Contact Information Form



LOUISIANA DEPARTMENT OF HEALTH CONTACT INFORMATION FORM

MEMBER INFORMATION:		
Name:		
Medicaid ID:	Social Security Number:	Date of Birth:

Please include all known information. The **member's name, date of birth** and at least the **last four numbers of the Social Security Number** are required to process the form.

CHANGE OF CONTACT INFORMATION:			
HOME ADDRESS:	Street Address:		Apt/Suite Number:
	City:	State:	ZIP Code:
MAILING ADDRESS: <i>(if different from Home Address)</i>	Street Address:		Apt/Suite Number:
	City:	State:	ZIP Code:
Cell Phone Number:		Email Address:	
Home/Alternative Phone Number:		Do you want to receive information from Medicaid by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGN THIS FORM:

By signing this form, I am giving my permission to the State of Louisiana and its agents to verify the information given on this form. Under penalty of perjury, I certify that all information contained in this form is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

Must be signed by hand. Digital or electronic signature will not be accepted.

FORMS MAY BE SUBMITTED:

By email to MyMedicaid@la.gov

By fax to 1-877-523-2987

Patient Messaging Campaign

Do you or a family member currently have health coverage through Medicaid or the Children's Health Insurance Program (CHIP)?

If so, you may soon need to take steps to find out if you can continue your coverage. Soon, the state will resume Medicaid and CHIP eligibility reviews and redeterminations. These reviews were suspended during the Public Health Emergency (PHE) and allowed Medicaid members to keep active coverage for longer without providing updated information. This means some people with Medicaid or CHIP could be disenrolled from those programs.

If you do not submit the required information for redetermination or if the state cannot reach you, YOU MAY LOSE BENEFITS.

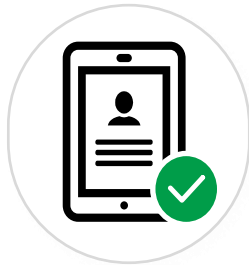
Here are some things you can do to prepare.

- 1. Make sure your address is up to date**
 - a. Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
- 2. Check your mail**
 - a. Your state will mail you a letter about your Medicaid or CHIP coverage.
 - b. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
- 3. If you get a renewal form, fill it out and return it to your state right away.**
 - a. This may help you avoid a gap in your coverage.
- 4. Contact us for assistance**
 - a. We have partnered with an advocacy organization, ElevatePFS, that can help you complete your redetermination application or assist with other benefit options if you are no longer Medicaid eligible.
 - b. Contact ElevatePFS at (XXX) XXX-XXXX if you need assistance.

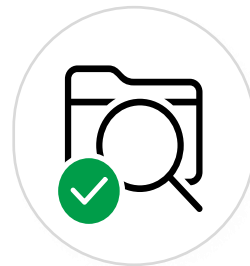
Higher level organization strategies

- Partner with state Medicaid office and or Medicaid MCOs to see if they would be willing to share the recipients up for renewal 45 days prior, to allow for outreach opportunity.
 - Would require health system to provide DHS a list of Medicaid eligible patients
- Identify high utilization Medicaid patients and do targeted education and intervention as necessary.
- Partner with State Hospital Association to see if providers together can leverage opportunities with the state.
- Partner with your Medical Assistance and community advocacy agencies to conduct outreach

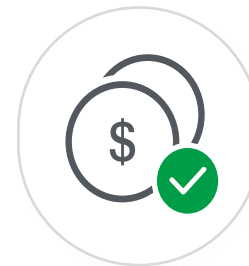
Elevated Results. Exceptional Customer Service. A Partner You Can Trust.



Eligibility & Enrollment



Complex Claims



A/R Services



Self-Pay/Early Out